

No-SARS Case Report Supplement

Date modified: 04/29/2004

Report Information

Investigator Name:	PMD and other providers (name, location, phone numbers):	SARS ID#
Case name:		State ID#
Date of report: ____ / ____ / ____	SARS Contact person at hospital (name, location, phone #s)	CDC #
Invest. begin date: ____ / ____ / ____		Cluster ID#

Medical Care Information

Status at time of report: ☐ Inpatient ☐ Previously inpatient, now discharged ☐ In ER, will admit ☐ Expired
☐ In ER, will discharge

Name, city and state of hospital: _____ Date of hospitalization: ____ / ____ / ____ Date of discharge: ____ / ____ / ____

Did the patient die as a result of his/her illness? ☐ Yes ☐ No ☐ Unknown
 If Yes, date of death: ____ / ____ / ____
 Was an autopsy performed? ☐ Yes ☐ No ☐ Unknown
 Findings: _____

List healthcare facilities visited since symptom onset	Visit Date(s)	Contact Name(s)	Phone(s)	Facility contacted?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Patient Monitoring

Date	Respiratory symptoms? Describe.	Fever?	Date	Respiratory symptoms? Describe.	Fever?
____ / ____ / ____	<input type="checkbox"/>	°F	____ / ____ / ____	<input type="checkbox"/>	°F
____ / ____ / ____	<input type="checkbox"/>	°F	____ / ____ / ____	<input type="checkbox"/>	°F
____ / ____ / ____	<input type="checkbox"/>	°F	____ / ____ / ____	<input type="checkbox"/>	°F
____ / ____ / ____	<input type="checkbox"/>	°F	____ / ____ / ____	<input type="checkbox"/>	°F
____ / ____ / ____	<input type="checkbox"/>	°F	____ / ____ / ____	<input type="checkbox"/>	°F

Outcome of symptom watch: _____

Actions Taken/Needed

<input type="checkbox"/> Report to DOH	Date ____ / ____ / ____	<input type="checkbox"/> Referral to I & Q team	Date ____ / ____ / ____
<input type="checkbox"/> Report to CDC	Date ____ / ____ / ____	<input type="checkbox"/> Explain isolation	Date ____ / ____ / ____
<input type="checkbox"/> Report to DQ	Date ____ / ____ / ____	<input type="checkbox"/> D/C instructions and voluntary letter given? Control # _____	Date ____ / ____ / ____
<input type="checkbox"/> Report to other county	Date ____ / ____ / ____	<input type="checkbox"/> Mail voluntary isolation letter	Date ____ / ____ / ____
<input type="checkbox"/> Collect acute specimens	Date ____ / ____ / ____	<input type="checkbox"/>	Date ____ / ____ / ____
<input type="checkbox"/> Collect convalesc. Serum	Date ____ / ____ / ____	<input type="checkbox"/>	Date ____ / ____ / ____
<input type="checkbox"/> IC instructions given	Date ____ / ____ / ____	<input type="checkbox"/>	Date ____ / ____ / ____
<input type="checkbox"/>	Date ____ / ____ / ____	<input type="checkbox"/>	Date ____ / ____ / ____

Complete Date ____ / ____ / ____ Initials: _____
 Data Entry Date ____ / ____ / ____ Initials: _____